

**AMENDMENT 4
TO THE PLAN DOCUMENT
and
SUMMARY PLAN DESCRIPTION
(August 1, 2024)**

**of
TEAMSTERS LOCAL 631 SECURITY FUND FOR SOUTHERN NEVADA**

The Teamsters Local 631 Security Fund for Southern Nevada Plan Document is hereby amended as follows:

1. The **QUICK GUIDE TO IMPORTANT CONTACTS** is amended, effective November 1, 2025, to remove the lined-out text as shown below:

<i>Transplant Provider</i> INTERLINK 4660 N.E. Belknap Ct., Ste. 209 Hillsboro, OR 91724 (800) 599-9119	<i>Mobile Health Services</i> DISPATCH HEALTH (720) 588-9686 www.dispatchhealth.com
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2. The **QUICK GUIDE TO BENEFITS - INDEMNITY MEDICAL PLAN** is amended, effective November 1, 2025, to remove the lined-out text as shown below:

Summary of Benefits	In-Network	Out of Network
Dispatch Health—Mobile Visit Prior authorization is required.	\$50 Copay per visit	Not applicable

3. The **QUICK GUIDE TO BENEFITS – EPO PLAN – ACTIVE EMPLOYEE AND PRE-MEDICARE RETIREE COVERAGE** is amended, effective November 1, 2025, to remove the lined-out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Dispatch Health—Mobile Visit Prior authorization is required.	\$50 Copay per visit

4. The **QUICK GUIDE TO BENEFITS - EPO PLAN –MEDICARE ELIGIBLE RETIREE COVERAGE** is amended, effective November 1, 2025, to remove the lined-out text as shown below:

SUMMARY OF BENEFITS	EPO Plan
Dispatch Health – Mobile Visit	
Prior authorization is required.	\$20 Copay per visit

5. **PART 9, DENTAL BENEFITS, Section A, How the Dental Plan Works – Choice of Dental Plans**, is amended, effective July 1, 2019, to remove the lined-out text and add the underlined text as shown below:

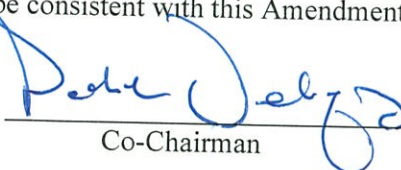
SCHEDULE OF DENTAL BENEFITS		
Plan Year: June 1 – May 31 <u>July 1 – June 30</u>		
Benefit Description	Dental PPO Plan	Managed Care Dental (MCD) Plan

6. **PART 10, VISION BENEFITS, Section A, How the Vision Plan Works**, is amended, effective July 1, 2025, to remove the lined-out text and add the underlined text as shown below:

Shortly after attaining eligibility, Davis Vision will send you identification cards that will provide you with your Participant ID number along with additional information about your plan. Before scheduling an appointment, please confirm that the Doctor is on the current Davis Vision network provider list. Should you have any questions, please contact the Administrative Office or Davis Vision directly at 1-800-999-5431 between the hours of 6:00 a.m. - 8:00 p.m. (Pacific Standard Time), Monday through Friday, and on Saturday and Sunday 6:00 a.m. – 1:00 p.m., or access their website at www.davisvision.com. The annual period for benefits runs from ~~June 1 to May 31~~ July 1 to June 30. All annual limits are applied to this 12 month period.

Except as amended, each and every provision of the Teamsters Local 631 Security Fund for Southern Nevada Plan Document and Summary Plan Description shall remain in force and effect without change or modification and any inconsistent provision of the Teamsters Local 631 Security Fund for Southern Nevada Plan Document and Summary Plan Description shall be read to be consistent with this Amendment No. 4 and its purpose.


Chairman


Co-Chairman